Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5002AGC	A. BUILDING _____ B. WING _____	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY FAMILY ADULT CARE HOME LLC	1013 STONEYPEAK AVE LAS VEGAS, NV 89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/11/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 total beds. The facility had the following category of classified beds: Category 2 - 6 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with chronic illnesses. The census at the time of the survey was 3. Three resident files and two discharged resident files were reviewed and 6 employee files were reviewed. There were 2 complaint(s) investigated during the survey. Complaint #NV00018552 Unsubstantiated Complaint #NV00019500 Unsubstantiated The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Based on observation, interview and record review the administrator failed to provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility was in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. Findings include: Please refer to Tags #Y067, #Y070, #Y251, #Y661, #Y662, #Y680, #Y1001, #Y1020 Severity: 2 Scope: 3	Y 050		
Y 051 SS=F	449.194(2) Administrator's Responsibilities-Designation	Y 051		

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Y 051	Continued From page 2 NAC 449.194 The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. This Regulation is not met as evidenced by: Based on observation, interview and record review, the administrator failed to designate one or more employees to be in charge of the facility when the administrator was absent. Findings include: There was no documented evidence of an employee designated to be in charge in the absence of the administrator. Employee #4 was hired on 9/2/08. The employee was not aware of who would be in charge in the absence of the administrator. The employee notified the owner of the facility (Employee #2) by	Y 051		

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Y 051	Continued From page 3 phone during the survey. The owner relayed to Employee #4 she could answer any questions. Employee #4 left a message for the administrator (Employee#1) to notify him of the survey taking place in the facility. The administrator had not returned the phone call during the survey. Severity: 2 Scope: 3	Y 051		
Y 053 SS=F	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Based on record review, observation and interview, the administrator failed to keep complete and accurate records. Findings include: Please refer to Tags #Y070, #Y100, #Y101, #Y102, #Y103, #Y104, #Y105, #Y106, #Y645, #Y859, #Y933 and #Y936. Severity: 2 Scope: 3	Y 053		
Y 067 SS=F	449.196(1)(c) Qualifications of Caregiver- Read regulation	Y 067		

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Y 067	Continued From page 4 NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on personnel file review the facility did not ensure 6 of 6 employees had read and understood the provisions of NAC 449.156 to 449.2766. Findings include: Employee #1 had an unknown date of hire. The employees file did not contain a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #2 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Employee #3 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review.	Y 067		

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Y 067	Continued From page 5 Employee #4 was hired on 9/2/08. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Employee #6 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Severity: 1 Scope: 3	Y 067		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 4 of 6 caregivers received eight hours of annual training (Employee #1, #2, #3, and #6). Employee #1 had an unknown date of hire. There was no documented evidence of 8 hours of training received in the past 12 months.	Y 070		

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Y 070	Continued From page 6 A message was left with the administrator of the facility. The administrator did not return the phone call during the survey. Employee #2 had an unknown date of hire. There was no employee file to review. Employee #2 was the owner of the facility. The employee indicated Employee #4 could answer any questions. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Employee #4 was unable to explain why there were no employee files in the facility. Severity: 2 Scope: 3	Y 070		
Y 072 SS=F	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication	Y 072		

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Y 072	Continued From page 7 approved by the Bureau. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 6 caregivers had completed the required medication management training (Employee #4). Findings include: Employee #4 was hired on 9/2/08. There was no documented evidence of medication management training. The employee indicated she had not taken the course at this time. The employee indicated she was placing the owners initials on the Medication Administration Record until she completed the medication course. Severity: 2 Scope: 3	Y 072		
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to maintain and retain a monthly staffing schedule for at least six months.	Y 088		

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Y 088	Continued From page 8 Findings include: There was no documented evidence of a staff schedule in the facility. Employee #4 was hired on 9/2/08. The employee indicated there was no staffing schedule. Employee #4 and Employee #5 resided at the facility and worked all the time. The employee revealed there was another employee who came to the facility on Sundays from 10:00 AM to 6:00 PM. Severity: 1 Scope: 3	Y 088		
Y 100 SS=F	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on personnel file review and interview, the facility failed to provide an employee file for 5 of 6 residents (Employee #2, #3, #4, #5 and #6). Findings include: Employee #2 did not have an employee file to review. Employee #3 did not have an employee file to	Y 100		

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Y 100	Continued From page 9 review. Employee #4 did not have an employee file to review. Employee #5 did not have an employee file to review. Employee #6 did not have an employee file to review. Employee #4 provided a copy of her cardiopulmonary resuscitation (CPR) certification and her resume from her personal records. Employee #5 provided a copy of his resume from his personal records. Employee #4 indicated she was not aware of where the employee files were kept in the facility. The employee was unable to find any employee files in the facility office and did not know how to locate the files. Severity: 2 Scope: 3	Y 100		
Y 101 SS=C	449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility.	Y 101		

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Y 101	Continued From page 10 This Regulation is not met as evidenced by: Based on personnel file review, there was no hire date for 4 of 6 employees (Employee #1, #2, #3 and #6). Findings include: There was no documented evidence of a hire date in Employee 1's file. Employee #2, #3 and #6 did not have an employee file to review. Severity: 1 Scope: 3	Y 101		
Y 102 SS=F	449.200(1)(c) Personnel File - Training Records NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (c) Records relating to the training received by the employee. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 6 of 6 employees received not less than 8 hours of training related to providing for the needs of the residents (Employee #1, #2, #3, #4, #5 and #6). Findings include: Employee #1 had an unknown date of hire. The employee had documented evidence of 4 hours of training in medication management on	Y 102		

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Y 102	Continued From page 11 11/20/08. Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08 per the employee's statement. There was no employee file to review. Employee #5 was hired on 9/2/08 per the employee's statement. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y 102		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.	Y 103		

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Y 103	Continued From page 12 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,	Y 103		

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Y 103	Continued From page 13 unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review, the facility failed to ensure 5 of 6 employees had received the	Y 103		

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Y 103	Continued From page 14 required tuberculin screening test (Employee #2, #3, #4, #5 and #6). Findings include: Employee #2 had an unknown date of hire. The employee did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification the employee was in a good state of health, was free from active tuberculosis (TB) and any other disease in a contagious stage. Employee #3 had an unknown date of hire. The employee did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #4 was hired on 9/2/08. The employee provided documentation of a completed the first step of the required two-step TB skin test on 4/21/08. The employee did not have evidence of a completed second step TB skin test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #5 was hired on 9/2/08. The employee	Y 103		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 103	Continued From page 15 did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #6 has an unknown date of hire. The employee did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Severity: 2 Scope: 3	Y 103		
Y 104 SS=C	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to investigate the references on 5 of 6 employees (Employee #2, #3, #4, #5 and #6).	Y 104		

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Y 104	Continued From page 16 Findings include: Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 1 Scope: 3	Y 104		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 Investigation of criminal history of applicant for license to operate certain facility. 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau	Y 105		

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Y 105	Continued From page 17	Y 105		

of Investigation for its report.

2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the Health Division of whether the applicant has been convicted of such a crime.

(Added to NRS by 1997, 442)

NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.

1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:

(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188

(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);

(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).

2. The administrator of, or the person

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Y 105	Continued From page 18 licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. 4. Upon receiving fingerprints submitted	Y 105		

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Y 105	Continued From page 19 pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime. 5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946 NRS 449.182 Maintenance and availability of certain records regarding employees and independent contractors of certain agencies and facilities. Each agency to provide personal care services in the home, agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179 ,and shall maintain a copy of the fingerprints submitted to the Central Repository for Nevada Records of Criminal History and proof that it submitted two sets of fingerprints to the Central Repository for its report. These records must be made available for inspection by the	Y 105		

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Y 105	Continued From page 20 Health Division at any reasonable time and copies thereof must be furnished to the Health Division upon request. (Added to NRS by 1997, 443; A 1999, 1947 NRS 449.185 Termination of employment or contract of employee or independent contractor of certain agency or facility who has been convicted of certain crime; liability of agency or facility. 1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2. 2. If an employee or independent contractor believes that the information provided by the Central Repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1. 3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work:	Y 105		

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Y 105	Continued From page 21 (a) Before it received the information concerning the employee or independent contractor from the Central Repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information; (c) Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or (d) Any combination thereof. Ê An agency or facility may be held liable for any other conduct determined to be negligent or unlawful. (Added to NRS by 1997, 443; A 1999, 1948 Based on record review, the facility failed to ensure the criminal history for 2 of 6 employees were investigated at least once every 5 years (Employee #2 and #4), 6 of 6 employees had a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 (Employee #1, #2, #3, #4, #5 and #6), 6 of 6 employees had a verification letter from the state repository (Employee #1, #2, #3, #4, #5 and #6) and 6 of 6 employees had copies of fingerprints in the file (Employee #1, #2, #3, #4, #5 and #6). Findings include: Employee #1 had an unknown date of hire. The file indicated fingerprints were completed on 11/27/02. There was no documented evidence of fingerprints completed in 2007, no documented evidence of a signed statement stating whether he had been convicted of a crime, and no documented evidence of a verification letter from the state repository for 2007.	Y 105		

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Y 105	Continued From page 22 Employee #2 had an unknown date of hire. There was no employee file to review. There was no documented evidence of a copy of fingerprints, a criminal history was completed, a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Employee #3 had an unknown date of hire. There was no employee file to review. There was no documented evidence of a copy of fingerprints, a criminal history was completed, a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Employee #4 was hired on 9/2/08. There was no employee file to review. There was no documented evidence of a copy of fingerprints, a criminal history was completed, a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Employee #5 was hired on 9/2/08. There was no employee file to review. There was no documented evidence of a copy of fingerprints, a criminal history was completed, a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Employee #6 had an unknown date of hire. There was no employee file to review. There was no documented evidence of a copy of fingerprints, a criminal history was completed, a	Y 105		

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Y 105	Continued From page 23 written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on personnel file review and interview, the facility failed to ensure 5 of 6 caregivers were trained in first aid and/or cardiopulmonary resuscitation(CPR) (Employee #2, #3, #4, #5 and #6). Findings include: Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. The employee provided a copy of her CPR certification. The certification	Y 106		

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Y 106	Continued From page 24 expired April 2010. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Employee #4 indicated she was aware she was required to have first aid certification. The employee revealed she had not had time to take the course. Severity: 2 Scope: 3	Y 106		
Y 152 SS=C	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to evidence of a Certificate of Liability Insurance Policy. Findings include: Certificate of Liability Insurance policy was not available to review.	Y 152		

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Y 152	Continued From page 25 Employee #4 was unable to find the insurance policy. Severity: 1 Scope: 3	Y 152		
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure proper storage of perishable foods. Findings include: On 12/11/08 at 11:00 AM, three chicken breasts were noted to be in a plastic container covered with water sitting on the kitchen counter by the sink. Employee #4 was indicated the chicken breasts were for her due to the residents did not eat chicken. The employee indicated she usually defrosted the chicken in the microwave. The employee was unable to say why she put the chicken in water today. The residents ate Filipino noodles and vegetables for lunch. The residents indicated they enjoyed the Filipino food served.	Y 251		

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Y 251	Continued From page 26 Severity: 2 Scope: 3	Y 251		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide dated weekly menus. Findings include: A menu was taped to the side of the refrigerator. There were no dates or days of the week on the calender. Employee #4 indicated she did not follow a menu. The employee cooked what the residents request or what she felt like cooking. Severity: 1 Scope: 3	Y 272		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274		

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Y 274	Continued From page 27 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide written substitutions on the menu. Findings include: A menu was taped to the side of the refrigerator. There were no dates or days of the week on the calender. There was nothing written in for substitutions. Employee #4 indicated she did not follow a menu. The employee cooked what the residents requested or what she felt like cooking. The employee was not aware she was required to write the substitutions on the menu. Severity: 1 Scope: 3	Y 274		
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that monthly evacuation drills were conducted on an monthly schedule for the past 1 of 12 months.	Y 434		

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Y 434	Continued From page 28 Findings include: There was no documented evidence of a fire drill completed for November 2008. The last documented fire drill was 10/10/08. Severity: 2 Scope: 1	Y 434		
Y 441 SS=C	449.229(7)(a) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be: (a) Developed with the purpose of preventing a fire caused by smoking in the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure a written policy on smoking was developed. Findings include: There was no documented evidence of a smoking policy posted within the facility. Severity: 1 Scope: 3	Y 441		

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Y 444	Continued From page 29	Y 444		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure smoke detectors were tested 2 out of the past 12months (October and November 2008). Findings include: There was no documented evidence of a smoke detector check for the months of October and November 2008. Severity: 2 Scope: 1	Y 444		
Y 450 SS=F	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	Y 450		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 450	Continued From page 30 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 6 employees (Employee #4, and #5) had evidence of current training in first aid and 1 of 6 employees (Employee #5) had evidence of current training in Cardiopulmonary Resuscitation (CPR). Findings include: Employee #4 was hired on 9/2/08. There was no employee file to review. The employee showed documented evidence of a current CPR certification expired on 4/2010. The employee indicated she knew she needed a first aid certification but had not had time to go to the class. Employee #5 was hired on 9/2/08. There was no employee file to review. Severity: 2 Scope: 3	Y 450		
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires.	Y 533		

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Y 533	Continued From page 31 This Regulation is not met as evidenced by: Based on observation and interviews, the facility failed to provide at least 10 hours of activities for 3 of 3 residents (Resident #1, #2 and #3). Findings include: There was no documented evidence of an activity schedule in the facility. Employee #5 indicated he offered to take resident #1 out of bed and into the living room to watch television if he wished. Employee #4 was unsure why there was no activity schedule, During the survey, the residents were not offered involvement in any activities. Resident interviews revealed no issues regarding activities. Severity: 1 Scope: 3	Y 533		
Y 623 SS=D	449.2702(4)(d) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (d) Requires skilled nursing or other medical supervision on a 24-hour basis.	Y 623		

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Y 623	Continued From page 32 This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate admission of a resident (Resident #1). Findings include: Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II. The resident indicated he was unable to care for his gastrostomy tube. The resident was completely dependent on staff for oral care, shaving, bathing, dressing, feeding, shaving, toileting and medication administration per the admission activity of daily living assessment completed on 8/17/08. The Physician Statement dated 8/1/08 stated "May use feeding tube for medicine delivery if unable to swallow appropriately at anytime. Needs to have distilled water given through feeding tube given at 10 ounces every 4 hours except with sleeping". On 12/11/08 at 12:25 PM, Employee #5 demonstrated providing water to the resident through the gastrostomy tube (g-tube). The employee took water from the water cooler. Wearing gloves and a mask, the employee took 2 ounces of water and slowly pushed the water through the g-tube. The resident was sitting upright at the side of the bed. The employee indicated he did this three times a day with meals.	Y 623		

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Y 623	Continued From page 33 On 12/11/08 at 3:35 PM, Employee #4 indicated a nurse came to visit the resident 1 time a week to change the g-tube dressing, check the capillary blood sugar and check the residents blood pressure. The employee indicated she would change the dressing or add tape to the dressing if needed. Review of the residents record revealed documentation from the physical therapist. The only documented note from a registered nurse was dated 8/22/08 indicating the vital signs were stable. Severity: 2 Scope: 1	Y 623		
Y 645 SS=A	449.2704(1) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to provide a rate agreement for 1 of 5 residents reviewed(Resident #2). Findings include: Resident #2 was admitted on 9/11/08. There was no documented evidence of a signed rate	Y 645		

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Y 645	Continued From page 34 agreement. Severity: 1 Scope: 1	Y 645		
Y 662 SS=F	449.2706(2) Transfer of Resident NAC 449.2706(2) A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure documentation indicating adequate arrangements must be made to meet the resident's needs (Resident #4 and #5). Findings include: Resident #4 was admitted on 2/20/08 with diagnoses including Hypertension, Insomnia, Hyperlipidemia, Right Hemipelvis Fracture and Generalized Debility. Employee #4 indicated the resident was discharged on 12/5/08 to a local Assisted Living Facility. The employee indicated the owner (Employee #2) was at the facility the day of transfer and handled the resident move. The resident file did not contain a date of birth, or any documentation regarding a transfer out of the facility. The last documentation on the	Y 662		

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Y 662	Continued From page 35 Medication Administration Record was 12/5/08. Resident #5 was admitted on 1/27/08 with diagnoses including Early Parkinson and Early Alzheimer's Disease. Employee #4 indicated the resident was discharged on 12/5/08 to a local Assisted Living Facility. The employee indicated the owner (Employee #2) was at the facility the day of transfer and handled the resident move. The resident file did not contain a date of birth, or any documentation regarding a transfer out of the facility. The last documentation on the Medication Administration Record was 12/5/08. Severity: 2 Scope: 3	Y 662		
Y 680 SS=D	449.271(1) Gastrostomy Care NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate placement of a resident who required gastrostomy care (Resident #1). Findings include:	Y 680		

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Y 680	Continued From page 36 Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II. The resident indicated he was unable to care for his gastrostomy tube. The resident was completely dependent on staff for oral care, shaving, bathing, dressing, feeding, shaving, toileting and medication administration per the admission activity of daily living assessment completed on 8/17/08. The Physician Statement dated 8/1/08 stated "May use feeding tube for medicine delivery if unable to swallow appropriately at anytime. Needs to have distilled water given through feeding tube given at 10 ounces every 4 hours except with sleeping". On 12/11/08 at 12:25 PM, Employee #5 demonstrated providing water to the resident through the gastrostomy tube (g-tube). The employee took water from the water cooler. Wearing gloves and a mask, the employee took 2 ounces of water and slowly pushed the water through the g-tube. The resident was sitting upright at the side of the bed. The employee indicated he did this three times a day with meals. On 12/11/08 at 3:35 PM, Employee #4 indicated a nurse came to visit the resident 1 time a week to change the g-tube dressing, check the capillary blood sugar and check the residents blood pressure. The employee indicated she would change the dressing or add tape to the dressing if needed.	Y 680		

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Y 680	Continued From page 37 Review of the residents record revealed documentation from the physical therapist. The only documented note from a registered nurse was dated 8/22/08 indicating the vital signs were stable. Severity: 2 Scope: 1	Y 680		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain the results of an initial physical examination for 1 of 5 residents (Resident #2). Findings include: Resident #2 was admitted on 9/11/08. The resident's record failed to provide documented evidence of the results of an initial physical examination for 2008. Severity: 2 Scope: 1	Y 859		

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Y 870	Continued From page 38	Y 870		
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #4 and #5). Findings include: Resident #4 was admitted on 2/20/08. There was no medication profile review in the record. Resident #5 was admitted on 1/27/08. There was no medication profile review in the record. Severity: 1 Scope: 2	Y 870		

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Y 877	Continued From page 39	Y 877		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain physician orders to administer over-the-counter (OTC) medications for 1 of 3 residents (Resident #2). Resident #2 was admitted on 9/11/08. Calcium 600 with Vitamin D 1 tablet daily and Women's One Daily Vitamin 1 tablet daily were observed in the medication drawer and documented on the Medication Administration Record. There was no documented evidence of a physician order for the medication. Employee #4 indicated the residents daughter brought the medication to the facility to give to the resident. The employee was not aware an order	Y 877		

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Y 877	Continued From page 40 was needed by the physician. Severity: 2 Scope: 1	Y 877		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 3 of 5 residents (Resident #1, #2 and #3). Findings Include: Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II. Resident #1 had an order for Sertraline 100 milligrams (mg) 1 tablet to be given at bedtime.	Y 878		

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Y 878	Continued From page 41 The Medication Administration Record (MAR) for August, September, October, November and December 2008 indicated Sertraline 100 mg 1 tablet daily at 8 AM. Resident #1 had an order for Plavix 75 mg at bedtime. The MAR for August, September, October, November and December 2008 indicated Plavix 75 mg 1 tablet daily at 8 AM. Employee #4 indicated she was aware of the difference in times, but the owner wrote out the MAR for each month. Resident #2 was admitted on 9/11/08. The resident had an order for Hydrocodone/AOAO 5/500 1 to 2 tablets every 6 hours as needed. The MAR indicated 1 to 2 tablets every 6 hours at 8 AM and 8 PM. Employee #4 indicated she was aware the medication was to be given as needed, but the MAR indicated 8 AM and 8 PM. The employee indicated the resident was getting better and she would not be giving the medication anymore. Resident #3 was admitted on 8/9/08 with diagnoses including Hypertension, Urinary Frequency, Gait Imbalance, history of falls, Chronic Obstructive Pulmonary Disease, Depression, Insomnia, Osteoporosis, Grave's Disease, Hypothyroidism and Weight Loss. Resident #3 had an order for Guiatus 2 teaspoons (tsp) every 4 hours written on 11/25/08 by the hospice physician. The bottle label indicated Guiatus 2 tsp every 4 hours as needed for cough. The MAR for December 2008 indicated Guiatus 100 mg 2 tsp every four hours. There was no time indicated on the MAR and	Y 878		

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Y 878	Continued From page 42 initials placed one time a day from December 4 through December 10. Resident #3 had an order for Furosemide 20 mg 1 tablet daily and Potassium 10 milliequivilents daily. Neither medication were on the November 2008 or December 2008 MAR. Employee #4 indicated the resident received the medication each day. The employee indicated the owner did not include a MAR for those medications. Severity: 2 Scope: 3	Y 878		
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) and observation of the medication bottle, the facility failed to indicate on a container of medication a medication dose had been changed for 1 of 3 residents (Resident #3).	Y 879		

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Y 879	Continued From page 43 Findings include: Resident #3 was admitted on 8/9/08 with diagnoses including Hypertension, Urinary Frequency, Gait Imbalance, history of falls, Chronic Obstructive Pulmonary Disease, Depression, Insomnia, Osteoporosis, Grave ' s Disease, Hypothyroidism and Weight Loss. Resident #3 had an order for Guiatus 2 teaspoons (tsp) every 4 hours written on 11/25/08 by the hospice physician. The bottle label indicated Guiatus 2 tsp every 4 hours as needed for cough. The MAR for December indicated Guiatus 100 mg 2 tsp every four hours. There was no time indicated on the MAR and initials placed one time a day from December 4 through December 10. The label on the medication bottle did not indicate a change in the order. Severity: 2 Scope: 1	Y 879		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.	Y 885		

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Y 885	Continued From page 44 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Findings include: Resident #2 was admitted on 9/11/08. Dok Plus, Metoprolol and Morphine Sulfate were found in the medication container. The medications were not found on the December 2008 Medication Administration Record. Employee #4 revealed the medications were discontinued when the resident was discharged from Hospice services. The employee indicated the hospice nurse would take away the medication when it was discontinued. There was no hospice record to review. The employee indicated she did not feel comfortable throwing away the medication. The employee indicated the owner should be the person to destroy the medication. On 12/11/08 at 12:15 PM, the hospice nurse indicated the medications were not discontinued, only the services. Resident #3 was admitted on 8/9/08. On 10/27/08 Senna S was discontinued. On 12/8/08 Miralax was discontinued. Both medications remained in the medication closet. Employee #4 indicated she did not feel comfortable throwing away the medication. The employee indicated the owner should be the	Y 885		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 885	Continued From page 45 person to destroy the medication. Severity: 2 Scope: 2	Y 885		
Y 899 SS=I	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain accurate medication documentation. Findings include: Resident #1 was admitted on 8/17/08. During review of the Medication Administration Record (MAR), the surveyor noted the initials of ET and RT were written on the MAR for December 2008. Review of the MAR for September 2008, October 2008 and November 2008 also contained the initials of ET and RT. No documented evidence of a signature confirming the initials written on the	Y 899		

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	NVS5002AGC	A. BUILDING _____ B. WING _____	12/11/2008

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Y 899	Continued From page 46 MAR. Resident #2 was admitted to the facility on 9/11/08. During review of the Medication Administration Record (MAR), the surveyor noted the initials of ET and RT were written on the MAR for December 2008. Review of the MAR for September 2008, October 2008 and November 2008 also contained the initials of ET and RT. No documented evidence of a signature confirming the initials written on the MAR. Resident #3 was admitted to the facility on 8/19/08. During review of the Medication Administration Record (MAR), the surveyor noted the initials of ET and RT were written on the MAR for December 2008. Review of the MAR for September 2008, October 2008 and November 2008 also contained the initials of ET and RT. No documented evidence of a signature confirming the initials written on the MAR. Employee #4 was hired on 9/2/08. On 12/11/08 at 10:50 AM, the employee was asked who's initials were on the MAR for 12/11. The employee indicated they were her initials. Employee #4's initials were ML. The employee then revealed she was told to use the owners initials until she takes her medication training. The employee indicated she was enrolled in a medication class for November 2008 but the class was cancelled. There was no documented evidence of a signature on the MAR to correspond with the initials on the MAR. Employee #4 indicated she did not feel comfortable writing another persons name. The employee also indicated she did not feel comfortable using another persons initials, but did it anyway because she was confident with	Y 899		

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Y 899	Continued From page 47 medications. The employee reiterated she was only writing the owner's initials until she took the medication course. Employee #2 had an unknown date of hire. Employee #2 was one of the owners of the facility. Employee #4 notified Employee #2 the surveyor from the Bureau of Licensure and Certification was in the facility. Employee #2 indicated she was unaware of Employee #4 using her and Employee #3's signature (husband of Employee #2 and part owner). The employee indicated her husband (Employee #3) set the procedure. The employee expressed she had no idea why her husband set up the procedure for Employee #4. Severity: 3 Scope: 3	Y 899		
Y 930 SS=F	449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure all resident records were retained for at least 5 years.	Y 930		

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Y 930	Continued From page 48 Findings include: On 12/11/08 at 10:15 AM, Employee #4 was requested to provide the surveyor with all discharged or transferred residents from January 2008 to the present. The request was made several times to the employee. At 4:15 PM, the employee indicated she could not find any resident records other than the 2 residents who were recently discharged from the facility. Severity: 2 Scope: 3	Y 930		
Y 933 SS=B	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. This Regulation is not met as evidenced by: Based on record review, the facility failed to	Y 933		

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Y 933	Continued From page 49 ensure a physician statement was completed for 1 of 5 residents (Resident #2). Findings include: Resident #2 was admitted on 9/11/08. There was no documented evidence of a physician statement in the residents record. Severity: 1 Scope: 2	Y 933		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent,	Y 936		

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Y 936	Continued From page 50 a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and	Y 936		

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Y 936	Continued From page 51 documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall	Y 936		

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Y 936	Continued From page 52 not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review, the facility failed to ensure 1 of 3 residents complied with NAC 441A.380 regarding tuberculosis screening (Resident #1). Findings include: Resident #1 was admitted on 8/17/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 8/1/08. The file did not	Y 936		

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Y 936	Continued From page 53 contain documented evidence the resident completed the second step Severity: 2 Scope: 3	Y 936		
Y 941 SS=C	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to have the rules of the facility signed by the administrator of the facility and/or the resident for 2 of 5 residents (Resident 1 and #5) Resident #1 was admitted on 8/17/08 . Review of the records failed to provide documented evidence the rules of the facility were signed by the administrator of the facility and the resident. Resident #5 was admitted on 1/27/08. Review of	Y 941		

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Y 941	Continued From page 54 the records failed to provide documented evidence the rules of the facility were signed by the administrator of the facility and the resident. Severity: 1 Scope: 3	Y 941		
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview, the facility did not provide proper documentation regarding two residents who had been discharged (Resident #4 and #5). Findings include: There was no evidence of documentation of the discharge and destination after Resident #4 and Resident #5 were discharged 12/5/08. Severity: 1 Scope: 1	Y 944		

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Y1001	Continued From page 55	Y1001		
Y1001 SS=F	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire for 5 of 6 employees (Employee #2, #3, #4, #5 and #6)). Findings include: Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review.	Y1001		

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Y1001	Continued From page 56 Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y1001		
Y1020 SS=F	449.2766(1) Chronic Illness Training NAC 449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to the care provided to such persons and in the actions necessary to control infections. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure six (6) of six (6) employees received the four (4) hours of training concerning the care of residents with chronic illnesses (Employees #1, #2, #3, #4, #5 & #6). Findings include: Employee #1 had an unknown date of hire. There was no documented evidence of training concerning the care of residents with chronic illnesses.	Y1020		

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Y1020	Continued From page 57 A message was left with the administrator of the surveyor at the facility. The administrator did not return the phone call during the survey. Unable to interview the administrator. Employee #2 had an unknown date of hire. There was no employee file to review. The employee indicated Employee #4 could answer any questions. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y1020		